

P.O. BOX



Update on the Happenings of CMS's Managed Care Systems and Support Operations

Division of Program Accountability and Payment, HPBG, CBC – Centers for Medicare & Medicaid Services (formerly, HCFA)

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CERTIFICATION OF ENROLLMENT INFORMATION

The certification of enrollment information continues to be due on a monthly basis. The schedule for 2001 can be found at <http://www.hcfa.gov/medicare/enr-2001.htm>. Please note this change - the certifications must be sent to Dawn Johnson

rather than Barbara Dennis. The address remains the same.

CERTIFICATION OF ENCOUNTER DATA

Inpatient encounter data was due on September 30th. CMS will shortly be issuing instructions for the certification of this data.

BIG CHANGES COMING

The Balanced Budget Act provisions relating to beneficiary election requirements will be implemented in two stages.

STAGE ONE

Effective 1/1/2002, the monthly membership report (MMR) format will be expanded to include the following fields:

- CHF2 = populated beginning 1/1/2002. A "Y" denotes the

member had a CHF discharge between 7/2000 – 6/2001.

For the following fields, no data will be populated until later in 2002 or 2003. Please note the beginning dates.

- PBP = populated beginning 6/1/2002. Identifies the plan benefit package (PBP) elected by the member.
- CHF3 = populated beginning 1/1/2003. A "Y" denotes the member had a CHF discharge between 7/2001 – 6/2002.
- Race Code = populated beginning 1/1/2003. Identifies the race of the member.

For more information on the revised MMR, refer to the systems letter dated 7/18/2001, which can be found at WWW.HCFA.GOV/MEDICARE/SYSTINFO.HTM.

STAGE TWO – EFFECTIVE 05/16/2002

CMS will place all members of a M+CO in the PBP with the highest projected enrollment. This information will be reported to MCOs on the 6/1/2002 MMR. Between 6/1/2002 – 7/10/2002, MCOs will submit PBP change transactions (as needed) to correct the PBP for their members. The Start Up Strategy section in the 7/18/2001 systems letter provides more information on this process.

All enrollment, disenrollment and PBP change transactions must be in the revised formats effective 5/16/2002. For more information on these formats, refer to the systems letter dated 4/25/2001, which can be found at WWW.HCFA.GOV/MEDICARE/SYSTINFO.HTM.

PLAN GHP MONTHLY SCHEDULE FOR CALENDAR YEAR 2002

The CMS Group Health Plan (GHP) System Monthly Operating Schedule for Calendar Year 2002 is now available on the DPAP's homepage: www.hcfa.gov/medicare/systinfo.htm. A copy of the schedule was sent to your plan in October by email.

ESRD UPDATE

ESRD - BIPA 605 PROVISION MANDATING REVISED PAYMENT METHODOLOGY for ESRD MEMBERS

CMS was directed by BIPA to revise the ESRD payment method to account for beneficiary-level factors that impacted costs. Policy has identified age and sex as major determinants in severity and, thus, the costs of treatment. Effective January 1, 2002, payments for ESRD members will be computed by multiplying the applicable State rate by factors representing the member's age and sex.

This provision applies to all Medicare+Choice organizations and to the Social Health Maintenance Organization and Evercare demonstrations.

A letter will be issued to your organization soon and will explain the factors and the State rates that will be applied.

WORKING AGED UPDATE

On a few occasions, a beneficiary's Health Insurance Claim (HIC) number may change (e.g., due to a change in marital status or other

demographic factors) and the Common Working File (CWF) is unable to identify the new cross-referenced HIC number for that beneficiary. When this situation occurs, your Managed Care Organization (MCO) may not be able to find Medicare Secondary Payer (MSP) information on the CWF for that particular beneficiary. Normally, you will get the following message on the CWF screen, "MSP Auxiliary File data not found".

If you are unable to find periods of Working aged on the CWF after searching all CWF host sites and your MCO continues to be paid at the Working aged capitation rate for that member, please contact your Central Office DPAP regional coordinator and provide him or her with that beneficiary's HIC number and your fax number. The Central Office DPAP regional coordinator will try to find the CWF screen containing the MSP data and will fax it to you.

OODLES OF DISCOVERIES

WHEN DOES A MCO NEED TO RECERTIFY THEIR CMS USER ID?

Any MCO staff member that currently has a CMS User ID is required to send to CMS an updated Access form

(**Application for Access to CMS Computer Systems dated July 2001**). CMS will notify each user via E-Mail to remind that it is now time to recertify. Processing of recertification forms will be on-going based on the CMS system user's anniversary date of initial access.

HINT: If the individual MCO user has not been notified by CMS to recertify, do not send in your recertification form. The retention period on a CMS application is for **45 days only**. Sending in early will only result in having to **resend** your recertification application when it becomes due.

Any questions concerning recertification of your CMS User Id should be directed to your technical support person for your region. **Regions 1-3** Sarah Brown (410) 786-6358, **Regions 4-6** Sue Hartmann (410) 786-6192, **Region 7 D**. Jeannette Walker (410) 786-1125, and **Regions 8-10** Sue Mathis (410) 786-6938.

In summary, please keep in mind the following key points before sending your CMS' HDC access form for recertification of systems.

1. You must use the newly revised access form (dated July 2001.)
2. Do not send your access form before it is due. You will be notified when to

complete and send the form to CMS.

3. You do not need to complete section five of the access form. This is used by CMS personnel only.
4. Failure to send access form when it is due will result in your user id being revoked and you will have to reapply for access to the CMS data center.